Meeting Minutes
Health Information Technology Council Meeting

September 9, 2013
3:30 – 5:00 P.M.

One Ashburton Place, 21th floor Matta Conference Room
Boston, MA

Meeting Attendees

Name	Organization	Attended
John Polanowicz	*(Chair) Secretary of the Executive Office of Health and Human Services*	Yes
Manu Tandon	*(Chair) Secretariat Chief Information Officer of the Executive Office of Health and Human Services, Mass HIT Coordinator*	Yes
John Letchford	*Chief Information Officer, Commonwealth of Massachusetts*	No[1]
David Seltz	*Executive Director of Health Policy Commission*	No
Aron Boros	*Executive Director of Massachusetts Center for Health Information and Analysis*	No
Laurance Stuntz	*Director, Massachusetts eHealth Institute*	Yes
Eric Nakajima	*Assistant Secretary for Innovation Policy in Housing and Economic Development*	No
Patricia Hopkins, MD	*Representative from a small Physician group Practice Rheumatology & Internal Medicine Doctor (Private Practice)*	Yes
Meg Aranow	*Senior Research Director, The Advisory Board Company*	No
Deborah Adair	*Director of Health Information Services/Privacy Officer, Massachusetts General Hospital*	Yes
John Halamka, MD	*Chief Information officer, Beth Israel Deaconess Medical Center*	Yes
Normand Deschene	President and Chief Executive Officer , Lowell General Hospital	Yes
Jay Breines	Community Health Center	No
Robert Driscoll	*Chief Operations Officer, Salter Healthcare*	No
Michael Lee, MD	*Director of clinical Informatics, Atrius Health*	Yes
Margie Sipe, RN	*Board of Directors, Massachusetts Association of Registered Nurses*	Yes
Steven Fox	*Vice President, Network Management and Communications, Blue Cross Blue Shield MA*	Yes
Larry Garber, MD	*Medical Director of Informatics, Reliant Medical Group*	No
Karen Bell, MD	*Chair of the Certification Commission for Health Information Technology (CCHIT) EOHED*	Yes
Kristin Madison	*Professor of Law and Health Sciences, Northeastern School of Law, Bouve college of Health Sciences*	Yes
Daniel Mumbauer	*President & CEO, Southeast Regional Network, High Point Treatment Center, SEMCOA*	Yes
Kristin Thorn	*Acting Director of Office of Medicaid*	Yes

Guest

Name	Organization
Robert McDevitt	EOHHS
Nick Welch	EOHHS

[1] *Darrel Harmer, Chief Capital Planning Officer, Information Technology Division attended the meeting in proxy for John Letchford*

Name	Organization
Kathleen Snyder	EOHHS
Kimberly Gross	EOHHS
David Whitham	EOHHS
David Smith	MA Hospitals Association
Sean Kennedy	MeHI
Rik Kerstens	MeHI
Carol Jeffery	MAeHC
Jennifer Monahan	MAeHC
Micky Tripathi	MAeHC
Mark Belanger	MAeHC
Claudia Boldman	ITD
Lisa Fenichel	Consultant
Sarah Moore	Tufts MC
David Bachard	NBQCA
Dr. Daniel Newman	MEDfx Corporation
Kimberly Haddad	Executive Office for Administration & Finance

Meeting Minutes:

Meeting called to order – minutes approved

The meeting was called to order by Secretary John Polanowicz at 3:33 pm.

The Council reviewed minutes of the August 5, 2013 HIT Council meeting. The minutes were approved as written.

Discussion Item 1: Phase 2 Design Update (Slides 3-13)

See slides 3-13 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Mass HIway Phase 2 Design Update presented by Manu Tandon, CIO for the Executive Office of Health and Human Services (EOHHS).

(Slide 4) Phase2 Overall Timeline- The Council reviewed the Mass HIway Phase 2 project schedule. The latest milestone was the completion of design approach for Phase 2. Remaining Public Health nodes are quickly coming online. The go-live for Phase 2 services is slated for the October-March 2014 time period.

(Slides 5) RLS and Query-Retrieve Available through HIway Portal or Integration in EHR- A diagram of the Relationship Listing Service (RLS) and Query-retrieve workflow was reviewed. 4 query types are envisioned and will be supported by phase 2 of the Mass HIway.

(Slide 6) Overview of HIway Query-Retrieve Use Patterns- The Council reviewed a diagram of Query-Retrieve workflow. With consent in place, the provider organization will send patient demographic data to the HIway. Patient identities will be matched using the Initiate application. The patient information is published to the RLS showing the patient's consented institutional relationships. Each relationship shows the date of the last message received and the number of encounters (known to the HIway). On the right of the diagram, Hospital B will need the consent of the patient to view his/her listings on the RLS. Many organizations will find that the RLS provides tremendous value by finding where the patient's records sit, even if data is then queried via manual processes (e.g. fax).

- Comment (John Halamka): One of the things that is a unique value add is the ADT (Admit, Discharge, Transfer) message counter and last visit date. Mike (Dr. Lee) could look at a record and see where more of the patient activity is. For example, if the patient had 27 visits with Atrius and 1 with Beth Israel seven years ago, he will know where the activity is. In the past it was a blind list of institutions and medical record numbers.
- Question (Kristin Madison): When sending demographics, is that a permanent set of information? Is there some expiration on that? If you give consent, will that stay in the system forever unless you say you want to remove it?
    - Answer (Manu Tandon): Yes, you can change the consent preference, but the idea is that there is no expiration. We did ask the question to the Provider Advisory Group and the consensus was to not have an expiration date on the consent.
- Follow-up question (Kristin Madison): The consent to search and retrieve, is that something that is developed for every provider? So you could request records from 3 PCPs that are listed for a given patient, but can you then say I want all of the information from each?
        - Answer (Manu Tandon): The requestor is making the request to each data holder. It is up to each data holder to decide how to respond.
- Question (Kristin Madison): The HIway will know what the request was, but will the HIway know data is returned?
    - Answer (Manu Tandon): There is an audit of the transaction if the data holder uses the HIway to respond, but it does not need to be done this way. If the HIway is not used then the response is not tracked. In either case the HIway does not know what data is returned.
- Question (Daniel Mumbauer): The specialist in this case does not put any data out per the patient's preference. Can the specialist still look up and request data from the HIE (Health Information Exchange)?
    - Answer (Manu Tandon): Yes, the specialist could be hospital B (in slide 6 diagram). If the patient has given consent to the specialist to look up their information, they can query. There will be some organizations that give and take, while others may only want to take. We have this "break the glass" notion for special cases as well.
- Comment (Daniel Mumbauer): With mental health or addiction related records, many patients do not want that even mentioned, however it is helpful to have the record from the PCP (Primary Care Provider).

- Comment (John Polanowicz): There will be a number of situations where organizations want to take, but not give - nursing homes for example. I think we are going to have a number of people that are interested in being "takers" to enhance the care they provide.
- Comment (Manu Tandon): If you do not have the ability to be a "giver" that might be a different scenario. This model only works if people contribute information.
- Comment (Daniel Mumbauer): In particular with an addiction related record, patients are concerned about a bias against them for that treatment.
- Question (Deborah Adair): What happens if the patient opts out later on?
    - Answer (Manu Tandon): If the HIway receives another ADT message indicating "no consent", the prior relationship information will be removed from the RLS. The HIway will keep the "no" for audit purposes.
- Question (Patricia Hopkins): What if a specialist is requesting data from the Primary Care Provider, but does not want the entire patient record; maybe they are just looking for a specific piece of information? Also, what is the expected turn-around time?
    - Answer (John Halamka): The challenge today is that EHR's (electronic health records) do not have the granularity needed to pull back some of the information from the record. One day there may be more metadata and therefore privacy will be more granular. Today it is all or nothing.
    - Answer (Manu Tandon): There are no timelines for responding to a request. It is up to the provider and their capabilities for response.
- Question (Kristin Madison): Can you drill down within the RLS? For example, see the visit dates?
    - Answer (Manu): If there are no more questions I can show the Council how that will work.
- Question (Daniel Mumbauer): How does the system de-identify; how will it make sure it's the right person? How many different fields will it look at?
    - Answer (Manu Tandon): The HIway will rely on Initiate (patient matching software vendor) to do the de-duplication and a basic number of fields. There is no "fishing" - it has to be an exact match.
    - Comment (John Halamka): There are situations now at our organization where we know it's the same patient, but it does not show up as a match. Initiate tunes their algorithm so that the false positives are bad, false negatives are OK.
    - Comment (Manu Tandon): As part of the initial de-duplication, there will be an operations team that works on near misses.

(Slide 7) HIway Provider Portal (HPP) - A screenshot of the Provider Portal login page was shown. It allows for access controls based on username and password. Future features will include single sign-on and the capability to launch from within EHR's.

(Slide 8) Landing Page- A screenshot of the Provider Portal landing page was shown. There are two services launched here: Patient search and Medical Record Request.

(Slide 9) Search for Patient- A screenshot of the Provider Portal Demographics Search page was shown. The user may search for a patient using a combination of the Medical Record Number (MRN) and identifier type (organization that issued that MRN), patient name, gender, date of birth, address, email and/or phone number. Only "direct hits" will be returned, preventing any record fishing. The policy decisions for minimum data required for returning the patient name is pending.

(Slides 10) Patient Relationship Summary- A screenshot of the Provider Portal Patient Relationship Summary page was shown. After clicking on the patient you are provided with a list of the patient's organization relationships including the approximate number of encounters at each organization and the date of the most recent ADT message sent to the HIway from each organization.

(Slide 11) Relationship Selection- A screenshot of the Provider Portal Relationship Selection page was shown. Once an organization is selected from the RLS the portal will provide one or two buttons - everyone will see a medical record request button, some will also see the cross-entity view button if they have an agreement and the functionality in place between the organizations.

(Slide 12) Medical Record Request- A screenshot of the Provider Portal Medical Record Request page was shown. If the user clicks on the medical record request, the HIE portal will act on behalf of the user and send a request to the data holding organization. The data holder will evaluate the request and respond accordingly. The HIway can track requests. The HIway can track responses only if they come through the HIway. The Provider Portal itself does not track responses.

- Question (Kristin Madison): What happens when you have multiple people with the same Date of Birth, name, and gender?
    - Answer (Mark Belanger): Right now the Technical Design Team has just put the technical design in place to determine what demographic information is collected for patient matching. The business processes and policy decisions are still to come for how to handle matching.
    - Answer (John Halamka): The way we have done this in the past is that if there is ambiguity than nothing gets returned.
- Question (Laurance Stuntz): Is there a way to add fields, not sure what is being collected in the ADT message?
    - Answer (Manu Tandon): We can add fields - that may not be the hard part and is something to keep an eye on. If we are rejecting too many requests it may need to be revisited. From a de-duplication viewpoint it will look at ~7 fields.
    - Comment (John Halamka): There was a study that looked at the entire Medicare dataset and identifies people with the same name, date of birth, etc. They found that you cannot get to 100% with large numbers of patients unless you use the social security number. Most states do not want to use this as an identifier for privacy/security reasons.

(Slide 13) Cross Entity Viewer (aka Magic Button)- A screenshot of the Provider Portal Cross Entity Viewer (aka Magic Button) page was shown. If the data requestor and data holder organizations have a

cross-entity viewer enabled (BID and Atrius for example) the HIway can initiate the request to launch the cross entity view from the Provider Portal.

- Comment (John Halamka): It is imperfect in that everyone will create their portal that looks a little different. The other legal issue to consider - if you make a decision based on what you saw, do you do a screenshot to prove what you saw? Currently, Beth Israel Deaconess (BID) is running into this issue with PACS (Picture Archiving and Exchange). If you have a cloud based image provider and make a decision on what you saw, but then two months later someone sues, arguing the information is not the same, and you did not save the information locally, you do not have proof.
- Question (Michael Lee): At one point it was mentioned that pictures will be loaded in?
    - Comment (Daniel Mumbauer): We are just rolling out our first EHR, for us that was a key thing we wanted. Many patients lose their wallets or ID's - between a few questions and the picture we can identify.
    - Comment (Michael Lee): It is amazing how often we are looking at pictures of the client. Public Health funds us, so they require us to make sure they are a Massachusetts resident.

Discussion Item 2: Advisory Group Discussion and Updates (Slides 15-16)

See slides 15 & 16 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Advisory Group update presented by Micky Tripathi, CEO of the Massachusetts eHealth Collaborative (MAeHC).

(Slide 15) Advisory Group Update- The Technical Advisory Group met on August 23rd and provided valuable input on the Mass HIway Phase 2 design – specifically, how to improve query and response transactions. For example, having the requesting organization include the data holder's medical record number (MRN) in the query.

The Legal & Policy Advisory Group met on September 3rd and had a deeper discussion about what data is persisted in the HIway. The Orion team spends a lot of time figuring out how to reject and remove data - anyone that is an original "no" (no consent) literally gets rejected and would never be in the HIE. Some organizations may send too much information about the patient, but the HIway is only going to take seven fields of data, throwing away the other information. The group flagged payer access as a specific issue that needs further policy development. So far the focus is on provider workflow and consent, but we will also need to consider how a payer might interact with the HIway. For example, with the HIPAA Omnibus (Health Insurance Portability and Accountability Act), there are restrictions that payers cannot have access to information for cash pay/private pay patients. It is the provider responsibility not to persist that information and the control at the end of the day is in the hands of the data holding entity.

- Comment (John Halamka): If Mike (Dr. Lee) requests mental health nodes, I just don't send them. It is a policy within our organizations. Similarly, Atrius will not send information from 5 years back.
- Question (Steven Fox): Where and when will this be handled since it is flagged as an issue?

    - Answer: (Micky Tripathi) We can form a small group to look into this.
- Comment (John Halamka): We built structured fields and annotate, in a structured format, what visits not to disclose.
- Question (Laurance Stuntz): Do you have a sense of how many patients have actually requested this?
    - Answer (John Halamka): None so far.

(Slide 16) Advisory Group Update Cont. – All four advisory groups will meet in September.

- Question (Audience): Will there be any feedback around consent? Is that going to be fed into the Consumer Advisory Group as well?
    - Answer (Micky Tripathi): Yes, it will be discussed at the next Legal & Policy and Consumer Advisory Group meetings.

Discussion Item 3: Mass HIway Outreach & Sales Update, Implementation and Support Update (Slides 18-26)

See slides 18-26 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

Mass HIway Outreach & Sales Update presented by Massachusetts eHealth Institute (MeHI) Health information Exchange Director Sean Kennedy.

(Slide 18) Last Mile Scorecard Targets- The Last Mile Scorecard was reviewed: Currently the number of signed Participation Agreements is behind the Q3 goals (34 signed out of the 62 planned) and the number of organizations enabled for connection is also behind (18 of 75 planned) with zero of two anticipated vendors enabled for connection.

The Last Mile team is working with the Regional Extension Center (REC) to identify and target more organizations; the REC is working with around 600 organizations.

- Question (John Polanowicz): Who are the two vendors enabled for connection?
    - Answer (Sean Kennedy): Netsmart and General Electric (GE)
- Question (Deborah Adair): What are the challenges you are seeing with the vendors?
    - Answer (Sean Kennedy): Seven of the vendors are coming in with Health Information Service Provider (HISP) requests. The challenge then becomes how you get those networks connected, whether it is a true HISP or not.

From a spending perspective there is a fair amount of money still to be spent; the biggest expense will come as Implementation grantees achieve the milestones in the grants.

(Slide 19) Outreach and Sales- The biggest focus is on creating demand and awareness through outreach events; HIway regional meetings and monthly webinars. A list of upcoming Use Case Workshops was provided.

(Slide 20) Mass HIway Fall forum- On October 10th there will be a forum for grantees and their collaborators to spend the day and learn about issues and collaboratively work through those problems. Location, time and registration information was provided on the slide.

- Question (Daniel Mumbauer) Do you anticipate all grantees will attend?
    - Answer (Sean Kennedy): Yes, hopefully we will see all of them there.

(Slide 21) Program Evaluation- The Office of the National Coordinator (ONC) requires as evaluation of what you have done versus what was proposed. MeHI has selected the Massachusetts Institute of Technology (MIT) to perform the analysis. Council members are encouraged and may be requested to take part in the interviews conducted by MIT; if you are available we would like to hear about everyone's experiences.

(Slide 22) Sampling of Other Efforts- Several other efforts are working in parallel; a provider engagement program, provider toolkit, services summary, implementation grant summary and a summary of Milford Regional Medical Center's plans to connect to the HIway.

- Question (Deborah Adair): Do we know anything more about the no-cost extension?
    - Answer (Laurance Stuntz): Last Friday ONC announced that there are 12 month no cost extensions available for Regional Extension Center's to apply for. We have talked to the HIE program manager and what's going to happen is that ONC will be looking at ideas for how to reclaim money, but we are probably in good shape. There are other states that are way further off that track right now. We will know more about rules on the extension soon; they may give a hint to whether or not there will be extra funding. It may take some pressure off of the grantees.

Mass HIway Implementation & Support Update presented by Manu Tandon.

(Slide 23) August Activity- A list of the organizations and their progress was provided. There are 28 total organizations in production (actively exchanging patient data), 13 are live (connected, but not yet exchanging data). At the beginning of August there were only 6 organizations on the HIway; we are now at 41 total.

(Slide 24) New Participation Agreement Executed in August (EOHHS Channel)- There are a number of organizations that are signing new agreements. Major clients slated for September/October testing include PVIX/Baystate, Atrius and Holyoke.

(Slide 25 and 26) Update Cont. – The team has been developing a model for the vendors that have requested to connect to the HIway as a HISP. The HIway approach will allow HIway members that come through another HISP to be discovered on the HIway Provider Directory. With this structure agreed to, we have work to do from a legal and pricing prospective. Getting over this hurdle will clear a path for a large number of organizations (vendors and providers) that wish to connect with the HIway as or through a HISP.

- Question (Michael Lee): When do you anticipate getting over the "vendor hurdle?"

  - Answer (Manu Tandon): ASAP (as soon as possible) is the timing, but realistically it may be several months.
- Question (Deborah Adair): Is this a federation model for the trust?
  - Answer (Manu Tandon): Yes.

The HIway website is going live on September 15th and Manu will bring a screenshot to show the Council at the next meeting.

- Comment (John Halamka): Our goal is to get the HIway certified as a modular EHR vendor so organizations can check a box and use it for their reporting. ONC knows there is a problem with how the certification rules are written.

Discussion Item 4: MeHI Program Update (Slides 28-35)

See slides 28-35 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

The MeHI Program Update was presented by Laurance Stuntz, Director of the Massachusetts eHealth Institute.

(Slide 29) MEHI Program Update- There are three main overarching focus areas; "Motivate, Adopt and Impact." About every other week there is a webinar on some sort of initiative whether it is Meaningful Use (MU) or audit preparedness for Medicare incentive payment. The Regional Meeting series is a half day highlight that explains where we are with HIT (health information technology) adoption; there are also various workshops like the Medicaid EHR incentive payment workshop with EOHHS.

(Slide 30) MeHI Key "Other Activities" – The team is working to develop a provider EHR Database to understand the status of each provider adopting EHR technology. This will help target efforts. Basically anyone licensed by the Board of Registration, or anyone that is reapplying for licensure, is required to meet the requirements of Meaningful Use. Another piece of Chapter 244, is that every provider in the Commonwealth has to be using an EHR, and it has to be connected to the HIE by 2017. It is a rolling model as folks come up for re-licensure.

(Slide 31) Medicaid EHR Incentive Program Payment Metrics- A chart detailing the total incentive payment amounts was provided.

(Slide 32) Regional Extension Center Metrics- A screenshot of the Regional Extension Center Dashboard was presented. The REC has helped bring on providers and is basically at 100% of goals in terms of recruiting and EHR adoption; many providers across the state are at least getting onto an EHR; some are pulled back from attestation if unable to verify Medicaid. Medicaid is working with MassHealth to work on the application processing for that.

- Comment (Daniel Mumbauer): The sooner the better for education, especially with behavioral health. We are trying to roll out an EMR (electronic medical record) and a lot of the staff do not have the computer skills needed or are resistant; we are doing it because they have to attest.
- Question (Steven Fox): Are you tapping into the various societies?
    - Answer (Laurance Stuntz): Yes. It is a bit of a chicken and egg situation; at the next Board of Registration they will discuss the rules around EHR. We do not have the rules yet, but want to leverage the education we can provide. For example, dentists think that the law does not apply to them, but it does. Those discussions are coming.

(Slide 33) Communications Metrics- Details on webinar series attendance and Regional Meeting registrants was provided.

(Slide 34) Physician Licensure Support- Statistics on in state and out of state licensees were provided. Estimates for providers eligible and ineligible for Meaningful Use were listed.

(Slide 35) Physicians Not Eligible for Meaningful Use Incentives – The Council was provided with charts detailing the physicians ineligible for MU (Meaningful Use) incentives by county. Virtually any hospital in Massachusetts uses an EHR; there may be three acute hospitals that are not going to meet the February go live.

Discussion Item 5: Public Q & A and Wrap up (Slides 36-39)

See slides 36-39 of the presentation. The following are explanations from the facilitator and comments, questions, and discussion among the Council members that are in addition to the content on the slides.

The meeting was turned over to the audience to ask questions.

- Comment (Audience): There was mention of the issues surrounding behavioral health and long term care-there was a taskforce mandated by (chapter) 224 to address Health Information Technology. The group came up with a report recently which would be a good thing to integrate into the efforts moving forward.

The Next HIT Council Meeting is scheduled for October 7th from 3:30pm-5pm at One Ashburton Place, 21th floor, in the Matta Conference Room.

The HIT Council meeting was adjourned at 5:03pm.